

Library

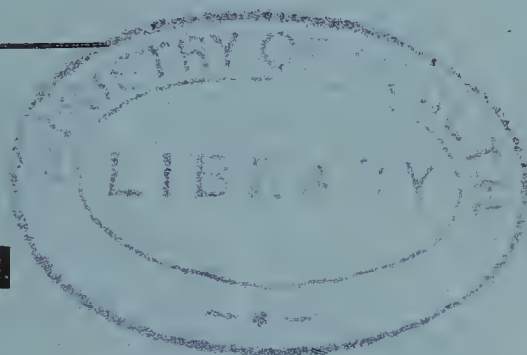
Oxfordshire County Council

ANNUAL REPORT

ON

County Health Services

PART II



Report of the
County Medical Officer

T. ANDERSON.

M.B., CH.B., D.P.H.

1953

Oxfordshire County Council

ANNUAL REPORT

ON

County Health Services

PART II

Report of the
County Medical Officer

T. ANDERSON

M.B., Ch.B., D.P.H.

1 9 5 3

MEMBERS OF HEALTH COMMITTEE

DR. F. N. WHITE, *Chairman.*

MR. O. J. BARLEY, *Vice-Chairman.*

Council Members

†LORD MACCLESFIELD	*§MRS. M. A. JOHNSON
*MR. J. H. MORRELL	†MR. G. R. KEEYS
*†§MR. O. J. BARLEY	THE VISCOUNTESS PARKER
*MR. W. G. BAYLEY	MRS W. D. DE PASS
†BRIG. F. R. L. GOADBY	†MR. H. SANDERSON
†MR. G. TURTON GREEN	*‡DR. GORDON SCOTT
MR. J. W. HARRIS	‡§MR. R. C. SURMAN
MRS. M. H. HICHENS	MR. P. WALTON
†MR. C. H. HUGHES	*†‡DR. F. N. WHITE
MR. C. HUNT	

Co-opted Members

Oxfordshire Nursing Federation Representatives

THE COUNTESS OF	THE HON. MRS. FEILDEN
MACCLESFIELD	MRS. J. H. MORRELL

Area Executive Council Representative—DR. A. R. H. WILLIAMSON

Oxford Regional Hospital Board Representative—

DUCHESS OF MARLBOROUGH

* Mental Health Services Sub-Committee.

† Rural Water Supplies and Sewerage Sub-Committee.

‡ Joint Ambulance Committee.

§ Audit Sub-Committee.

Mental Health Sub-Committee

MR. O. J. BARLEY, <i>Chairman</i>	DR. G. SCOTT
MR. W. G. BAYLEY	MR. R. C. SURMAN
MRS. M. A. JOHNSON	MR. G. TURTON GREEN
MR. J. H. MORRELL	DR. F. N. WHITE

Rural Water Supplies and Sewerage Sub-Committee

DR. F. N. WHITE, <i>Chairman</i>	MR. C. H. HUGHES
LORD MACCLESFIELD	MR. G. R. KEEYES
MR. O. J. BARLEY	MR. H. SANDERSON
BRIG. F. R. L. GOADBY	

STAFF

County Medical Officer of Health

H. C. JENNINGS, M.A., B.SC., M.B., B.S., D.P.H. (Resigned 31st October, 1953)

T. ANDERSON, M.B., CH.B., D.P.H. (Appointed 1st November, 1953)

Deputy County Medical Officer

T. ANDERSON, M.B., CH.B., D.P.H. (Until 31st October, 1953)

Vacant from 1st November, 1953

Assistant County Medical Officer (part-time)

A. J. CAMPBELL, M.D., B.SC., D.P.H., Barrister at Law.

Medical Officers of Child Welfare Clinics (part-time)

36 General Practitioners.

Consultant Chest Physician (part-time)

N. J. ENGLAND, M.D., D.P.H.

County Housing Officer

H. G. BARTRAM, M.I.S.E.,

County Superintendent Nursing Officer

Superintendent of Health Visitors

Miss M. C. OWEN, S.R.N., S.C.M., H.V.CERT.

Supervisor of District Nurses

(Assistant to County Superintendent Nursing Officer)

Miss N. S. DOWN, S.R.N., S.C.M., Q.N.

Deputy Superintendent of Health Visitors

MISS C. E. HENRY, S.R.N., S.C.M., M.T.S., H.V.CERT.

Relief Health Visitor and Tuberculosis Liaison Officer

MISS. M. SHARPE, S.R.N., R.M.N., H.V.CERT.

Health Visitor Tutor

MISS B. COX, S.R.N., S.C.M., H.V.CERT.

Health Visitors/School Nurses (excluding Superintendent)

33

District Nurse/Midwives

58 (including 9 vacancies).

Duly Authorised Officer and Mental Welfare Officer

MR. H. S. HEADY.

Mental Welfare Officer

MISS M. A. PUDNEY, D.P.A. (Oxon).

Duly Authorised Officers (part-time)

MR. W. J. R. BURROWS.

MR. A. J. POWELL

MR. R. C. A. CHARLETT.

MR. N. F. SPATCHER.

MR. BUCKLAND (Littlemore Hospital Staff).

Occupational Therapist

MISS B. H. ROSTANCE, M.A.O.T.

Home Teachers for Mentally Defective Children

MISS J. RANDALL, M.A.O.T.

MISS M. V. JAMES (commenced duty 1.9.53).

Chief Clerk

MR. D. L. HOWELLS.

HEALTH DEPARTMENT,
PARK END STREET,
OXFORD.

To the Chairman and Members of the Health Committee.

MY LORD, LADIES AND GENTLEMEN,

I have the honour to present my first Annual Report. It is in the main a report of the services which were performed while my predecessor, Dr. H. C. Jennings, was County Medical Officer of Health as he remained in office until 31st October, 1953.

The vital statistics contained in the report do not record any spectacular change from previous years. That, however, is not unusual of Public Health work because fortunately (or unfortunately!) the Public Health Service is undramatic. Unlike clinical medicine it does not capture the public imagination. 'Prevention is better than cure.' Although the evident truth of this statement has never been questioned, its implications have never been fully implemented. The lavish expenditure on the treatment services has overshadowed the Public Health Service. At last there is a growing realization that it is just as important to maintain health as it is to treat disease, but it is depressing to know that this realization is dictated by economic necessity and not by original thought.

In all quarters there is, quite rightly, concern over the need for co-operation between the branches of the National Health Service and in this County we are, indeed, fortunate in having close and willing co-operation between general practitioners, hospitals and the Local Health Authority—we do, in fact, function as a friendly team.

Although this report refers to 1953, it was not completed until 1954 was well advanced. I am, therefore, grateful for the opportunity to express my sincere gratitude to the Chairman and Members of the Committee for their patience and indulgence, to the staff for their unfailing industry and support and to my colleagues in other branches of the service and in other departments of the County Council for their constant consideration and help.

I am, my Lord, Ladies and Gentlemen,

Your obedient Servant,

T. ANDERSON.

STATISTICS

(a) GENERAL STATISTICS

Area (acres), 470,757.

Population (Census 1951), 177,090.

Population (Estimated mid-1953) Total 189,000.

Rateable value for whole County, £976,316 (1st April, 1953).

Estimated product of penny rate for whole County (1954-55),
£4025.

(b) EXTRACTS FROM VITAL STATISTICS FOR THE YEAR

<i>Births</i>	<i>Live Births</i>	<i>M.</i>	<i>F.</i>	<i>Total</i>
	Legitimate	1,539	1,423	2,962
	Illegitimate	95	74	169
		—	—	—
		1,634	1,497	3,131
		—	—	—

Rate per 1,000 of the estimated population 16.55.

Stillbirths

	<i>M.</i>	<i>F.</i>	<i>Total</i>
Legitimate	34	23	57
Illegitimate	2	2	4
	—	—	—
	36	25	61
	—	—	—

Rate per 1,000 of the estimated population 0.32.

<i>Deaths</i>	<i>M.</i>	<i>F.</i>	<i>Total</i>
	847	833	1,680

Rate per 1,000 of the population 8.83.

Maternal Mortality.

	<i>Deaths</i>	<i>Rate per 1,000 total (live and still) births</i>
Puerperal sepsis	Nil	—
Pregnancy, child birth, abortion	1	.31

Infant Mortality

	<i>M.</i>	<i>F.</i>	<i>Total</i>	<i>Rate per 1,000 live births</i>
Legitimate	41	28	69	23.2
Illegitimate	1	4	5	29.6
	—	—	—	—
	42	32	74	23.6
	—	—	—	—

Neo-natal Mortality

	<i>M.</i>	<i>F.</i>	<i>Total</i>
Legitimate	26	19	45
Illegitimate	1	3	4

GENERAL

All the functions of the Health Committee are administered centrally. The Health Committee gave careful consideration to the question of decentralization by delegation of their functions and decided that the existing system is the most satisfactory and economical.

In practice, it is found that the co-operation between the District Councils' and the County Council's Health Services is very close and amicable. The Medical Officer of Health for Banbury Borough is also the Assistant County Medical Officer of Health for that area and performs the clinical duties in the infant welfare clinics and the local schools.

The County Medical Officer is a member of:

Medical Staff Council of United Oxford Hospitals and its Health and Hygiene Sub-Committee.

Medical Advisory Sub-Committee of Banbury Hospital Management Committee.

Littlemore Mental Hospital Management Committee and several of its Sub-Committees.

Local Medical Committee.

A particularly valuable Committee on which he serves is the Medical Officers of Health Liaison Committee. This is organized by the Oxford Regional Hospital Board and its members comprise the Medical Officers of Health of all the Local Health Authorities within the area served by the Board.

The Health Committee is represented on:

Oxford City and County Executive Council.

Board of Governors of the United Oxford Hospitals.

Oxford Regional Hospital Board.

The Oxford City and County Executive Council and the Oxford Regional Hospital Board are each invited to appoint a representative to serve on the Health Committee.

Relations between hospitals and the Health Department are very happy. Hospitals are taking greater advantage of the use of health visitors to supervise the after-care of patients who have been discharged from hospital. This is particularly applicable in the care of mothers and young babies. A simple system has been devised whereby the impending discharge of a maternity case is notified to the Health Department so that the midwife or health visitor can be prepared for the mother and baby when they return home. The Deputy Superintendent of Health Visitors frequently visits the maternity departments of hospitals to discuss cases which will require supervision after discharge from hospital.

The Relief Health Visitor attends all chest clinics and acts as a valuable link between the preventive and curative branches of this

service. The Occupational Therapist accompanies her to the weekly case conference at the major chest clinic.

Hospitals avail themselves of the services of district nurses who co-operate in the treatment of out-patients. General practitioners have direct access to district nurses and midwives. Addresses of district nurses and midwives are displayed in local post offices.

It has become almost traditional in this County that general practitioners shall be employed on a sessional basis to undertake the medical work in infant welfare clinics. It is of interest that this practice which was not generally encouraged elsewhere is becoming increasingly popular. As the vast majority of the clinics are in rural villages it ensures that the medical care of the family remains as far as possible in the hands of the family doctor. General practitioners are showing an increased interest in preventive medicine and health education.

The County Council is fortunate in having as its adviser in tuberculosis a Physician who had his initial training and experience in a Health Department. Since the inception of the National Health Service Act and the appointment of Chest Physicians by the Regional Hospital Boards, there has been a tendency to appoint consultants in tuberculosis whose experience has been almost exclusively in hospital. Inevitably such physicians are liable to concentrate on the clinical aspects of the disease to the detriment of its social implications.

The North and Mid-Oxon Moral Welfare Association and the Henley Moral Welfare Association (affiliated to the Oxford Diocesan Council for Moral Welfare) act as the agents of the Council for the care of unmarried mothers and their children.

A stock of nursing equipment is maintained in the Health Department for issue to patients requiring them. When requests are made for items which are not readily available the services of the British Red Cross Society and the St. John Ambulance Brigade are always at hand. They have thirty-six loan depots in various parts of the County and items can be obtained at a nominal cost.

The St. John Ambulance Brigade provides the Ambulance Service as the joint agent of the Councils of the City of Oxford and the County. The sitting case car service is organized by the Women's Voluntary Service.

The Oxfordshire Association for the Prevention of Tuberculosis was founded by Sir William Osler in 1911. Its voluntary funds are augmented by an annual grant from the County Council who have three representatives on its Care Committee. The services of this Care Committee are at the disposal of the County Council in regard to their functions for the prevention, care and after-care of tuberculosis. There is no limit to the range of articles or service which may be provided.

CARE OF EXPECTANT AND NURSING MOTHERS

The domiciliary care of expectant and nursing mothers and domiciliary confinements are undertaken by the Council's midwives. There are no organized ante-natal clinics. In general, co-operation between the general practitioners and midwives is such that they make their own local arrangements for all of their cases. In some instances, doctors have arranged for the midwives to attend their surgeries when they are examining ante-natal patients. Sixty-two dozen maternity outfits were provided by the Council free of charge. On 31st December, 1953 there were forty-nine District Nurse/Midwives employed.

The Superintendent Nursing Officer is also non-medical Supervisor of Midwives. Recommendations for institutional confinement on social grounds are submitted by the Health Department to the hospitals.

It is becoming increasingly accepted that more confinements should take place in the patient's own home. Childbirth is a natural physiological process and, in the absence of serious medical or social reasons, it is right that it should be conducted in the home. Family doctors are showing a keener interest in midwifery and, as the figures below will show, they are conducting more of their confinements at home. Unfortunately, maternity benefits are such that it is to the patient's economical advantage to have her baby born in hospital. At the end of the year those benefits were under review and it will be interesting to note whether their increase will induce more mothers to have their confinements at home.

Emergency Obstetric Units are based on the Radcliffe Infirmary, Oxford and the Royal Berkshire Hospital, Reading. This valuable service is available at all times for general practitioners and midwives to provide emergency treatment for patients whose condition precludes their immediate removal to hospital.

Midwifery

<i>Midwives' Cases</i>	1952	1953
Number of confinements	767	758
Number of ante-natal visits	11,868	9,996
Number of visits during the puerperium ...	14,146	12,667
Number of other visits, post-natal (combined maternity and midwifery cases)	1,479	947

Doctors' Cases (acting as maternity nurse)—

Number of confinements	103	153
Number of ante-natal visits	1,457	2,166
Number of visits during the puerperium ...	1,850	1,299

All midwives are trained to administer analgesics.

No. of patients to whom analgesics were administered

<i>Analgesic</i>	<i>Acting as Midwife</i>	<i>Acting as Maternity Nurse</i>
Gas & Air	646	84
Pethedine	208	36

The local branch of the Royal College of Midwives arrange meetings at approximately monthly intervals when instruction is given on the latest methods of midwifery practice.

Each quarter four pupil midwives from the Midwives Training School at the Churchill Hospital are assigned to County Midwives for Part II of the State Certified Midwives' training.

Maternal Mortality

There was one maternal death. It occurred in hospital and was due to a pulmonary embolism following placenta praevia.

Maternal Mortality per 1,000 live and stillbirths

<i>Year</i>	<i>Oxfordshire</i>	<i>England & Wales</i>
1953	0.31	0.76
1952	0.32	0.72
1951	Nil	0.79
1950	Nil	0.86
1949	0.65	0.98

Premature Births

Particular care is taken of premature babies (defined for this purpose as weighing 5½ lb. or less at birth). Apart from arrangements made, when desirable, for the child's admission to hospital, special sets of equipment are available for the use of the district midwives.

There is an increase in the number of babies prematurely born in the County. Whereas last year there were 192, there were 236 in 1953. Of those, 49 were born at home, of whom 4 died.

Dental Care

Expectant and nursing mothers are informed by the doctors and midwives that if dental treatment is necessary they are able to obtain it through the Local Health Authority. The majority of the expectant and nursing mothers, however, prefer to make arrangements with private practitioners.

Year	No. treated	Extrac- tions	General Anæ- sthetics	Fillings	Dentures	
					Complete	Partial
1951	11	13	0	6	2	3
1952	8	21	1	3	2	0
1953	16	47	8	12	2	6

Unmarried Mothers

As previously mentioned, the local Moral Welfare Associations act as the agents of the Council for the care of unmarried mothers and their children. The workers' reports are as follows:

North and Mid-Oxon Moral Welfare Association

Although there was a slight decrease in the number of new cases referred during the year, one realizes that this does not mean there is any less need for our work. We hear of other cases where it might have been possible for a Moral Welfare Worker to help, had she been asked to do so.

During the year 79 new cases were referred to us and we continued to help, or keep in touch with a number of old cases. The cases referred and their problems were much the same as in past years, but as it has been pointed out before, no two people are alike, therefore there are no hard and fast solutions to any one problem. Of the new cases referred the majority were maternity cases; 54 of these were unmarried expectant mothers, 8 were married women expecting illegitimate babies, 11 were after-care cases, 2 were preventive, and 4 were married women with home problems.

It was possible to arrange for 10 of the young expectant mothers to go to the Diocesan Maternity Home and vacancies were reserved for 2 who wished to be admitted early in the New Year; 10 unmarried expectant mothers were admitted to other Moral Welfare Maternity Homes and 2 to Roman Catholic Homes. Twenty-nine went to Hospital or local Maternity Homes, 4 of these were unable to return to their homes or lodgings and plans were made for them and their babies to be admitted to a Mother and Baby Hostel where they stayed until suitable plans could be made for them.

The after-care cases were young mothers who wanted advice on adoption, obtaining affiliation orders or finding temporary homes for their babies. Three of the young mothers were successful in obtaining affiliation orders and temporary foster homes were found for their babies.

The eight married women who were expecting illegitimate babies all had hospital confinements, four of them were able to take their

babies home, because of family difficulties the others were unable to do so, two of the babies were admitted to a residential nursery and two were happily placed with prospective adopters.

During the year, eight babies were placed with prospective adopters. Eight were admitted to residential nurseries and three were accepted by the Church of England Children's Society for admission to one of their nurseries. Many of the unmarried mothers were able to take their babies home and three of them later married the fathers of their babies.

All the new cases were interviewed before going to the Homes, or into Hospital. Where possible, they were visited while in the Home or Hospital and if convenient in their own home afterwards. The two preventive cases were young girls who were said to be giving trouble at home. One was staying out late at night and often not going to work regularly; her parents decided to let her remain at home on condition she agreed to keep early hours and behave better. The other young girl had been running away from home, not working and causing a great deal of worry. She agreed to go to a Voluntary Training Home where she has settled in satisfactorily.

Inquiries have been made on cases for other Moral Welfare Workers. These are not included in the report. Also three members of the Women's Services asked for advice. They were referred to the Worker for their own home area and suitable arrangements were made for them.

We are very grateful for the continued co-operation of the County Health Department, the Children's Department, Hospital Almoners and other Authorities, all of whom are always ready to give any assistance possible.

Through the year, 468 visits were made, 167 callers interviewed and approximately 986 letters were written. Over 10,000 miles were covered by car while visiting or taking young mothers to Moral Welfare Homes or to Hospital.

MARGARET J. CHAUNDY

Henley Moral Welfare Association

The year's work followed much the same pattern as that of previous years with an increase in the number of cases of illegitimacy, and in the number of preventive cases, and a decrease in the number of matrimonial and domestic problems.

The year has been a busy one with 40 new cases and 24 older problems still needing a great deal of after care.

Some 293 visits were made in the Deanery, 150 visitors received at the office, and a greatly increased number of letters received and written.

There are 28 illegitimate babies, one born to a married woman living apart from her husband, 8 matrimonial problems, and 4 preventive cases.

Ages of unmarried mothers ranged from 15 years to 37 years, nationalities covered German, French as well as British.

The County Health Services, the National Insurance Scheme and the other Welfare Services have made much easier the question of financial provision for the unmarried mother and these services are used extensively whether or not the girl wishes to enter a Diocesan Maternity Home or Shelter. When and where possible the girl is advised to stay at one of these Homes or Shelters since it does give her some time to prepare for her coming baby, and provides shelter for her and baby while she is making a new plan for the future.

During the year two girls were admitted to the Slough Shelter; two to Putnam House, Aylesbury; four girls to the Berks C.C. Mother and Baby Hostel, Windsor; one 17-year-old to a Roman Catholic Home in Birmingham; another girl returned to a Diocesan Home in Eastbourne, and yet another was admitted to a London Hostel. Other unmarried mothers were accommodated at local maternity hospitals, these girls staying at home or with friends until baby was born, and in many cases returning home with baby from hospital.

A large number of girls kept their babies but of the others six babies have been placed in the care of Children's departments, ten were placed for adoption and one little girl has been privately fostered until the mother is able to marry the putative father early in 1954. One little boy of two years who was being cared for by Dr. Barnardo's has now been restored to his mother, another little girl of 18 months has been found adoptive parents. Several adoptions were legalized in the early part of 1953 and several more are being legalized early in 1954.

A number of putative fathers have been interviewed with a view to maintenance and have promised financial assistance. Three unmarried mothers receive regular affiliation payments. Two girls receive a weekly grant from the Church of England Children's Society.

Several girls have married during the year, others have found work and new homes in other areas but a fair percentage keep in touch with the Association.

In conclusion I must express my gratitude to the many National Voluntary Organizations which help the unmarried mother and her baby; to all County and local Organizations for financial and other help and lastly but not least, to both my Committees, the re-constituted Case Committee and the District Committee, for kindly sympathy and much moral support.

J. STOKES

CARE OF CHILDREN UNDER SCHOOL AGE

Birth Rate

The birth rate is still well below the peak figure of the immediate post-war years. In 1947 the number of births per thousand of the population was 21.9; in 1953 it was 16.5 which is an insignificant

increase on recent years. 5.4 per cent of all births were illegitimate. This approximates to the national level and is in marked contrast to the maximum incidence of illegitimacy in the County in 1945 when 14.4 of all births were illegitimate.

Infant Mortality

<i>Infant Mortality per 1,000 Births</i>		
<i>Year</i>	<i>Oxfordshire</i>	<i>England & Wales</i>
1953	23.6	26.8
1952	26.5	27.6
1951	17.7	29.6
1950	21.6	29.8
1949	25.0	32.0

In 1952 there was an unexpected and unexplained increase in infant mortality. Unsuccessful attempts were made to find a cause or causes of the increased number of infant deaths, many of which occurred during the neo-natal period. In 1953 the infant mortality rate decreased to 23.6.

Child Welfare Clinics

Child welfare clinics are held at *ad hoc* County Council premises in Banbury, Bicester, Henley and Thame. On the outskirts of Reading and Oxford pre-school children resident in the County attend Borough clinics for which the County Council pays an agreed sum. In addition, there are 62 child welfare clinics held in local suitable premises, e.g. church halls, village halls, etc., at weekly or fortnightly intervals. Emphasis is always placed on promotion of health and prevention of disease. Any children requiring treatment are automatically referred to their own family doctor. In many instances this also happens to be the doctor who is attending the clinic because, with the exception of the Banbury Clinic, the doctor in attendance is always a general practitioner.

List of Clinics

Adderbury	Checkendon	Filkins
Bampton	Checkendon Polish Camp	Finstock
Benson	Chesterton	Fritwell
Benson R.A.F.	Chinnor	Garsington
Bloxham	Chipping Norton	Goring
Bunkers Hill	Clifton Hampden	Great Milton
Burford	Deddington	Great Tew
Carterton	Dorchester	Handborough
Chadlington	Dorchester (Field Farm)	Hook Norton
Chalgrove	Enstone	Horspath
Charlbury	Eynsham	Islip

Kidlington	Nettlebed	Tackley
Kingham	Northleigh	Tetsworth
Kirtlington	Peppard	Watlington
Leafield	Rose Hill	Wheatley
Littlemore	Sandhills	Whitchurch
Lower Heyford	Shilton	Witney
Mapledurham	Stadhampton	Woodstock
Middle Barton	Standlake	Wroxton
Milton-u-Wychwood	Stanton Harcourt	Yarnton
Minster Lovell	Swalcliffe	

Age in years	Total Attendances	
	1952	1953
0-1	26,937	26,894
1-5	21,936	24,487

The number of children 0-1 attending for the first time was 2174.

Day Nursery

The Day Nursery in Banbury offers 40 places to the children whose parents are in employment and who cannot make alternative arrangements for their care during the day. In addition, special cases are given consideration when both parents are not employed, e.g. illness of the mother or unusual social circumstances.

The average daily attendance was 29. This low average is accounted for by the fact that it includes Saturday mornings when many parents who work a five-day week keep their children at home and the staff of the Nursery can perform other duties.

Supplementary Foods

Dried milks, cereals and strained vegetables are available at child welfare clinics at special clinic prices. Orange juice, national dried milk and vitamins are supplied by the Ministry of Food for distribution at most of the clinics.

Dental Care

Pre-school children are one of the priority classes who may receive free dental treatment provided by the County Council. There is only one static clinic in the County (at Banbury) which is open daily and it is there that the majority of pre-school children attend for treatment. In the rural areas, the dentist may only be from a day to a fortnight in a particular village. Health Visitors are, therefore, informed weekly where the dentist will be available so that they may refer children to him for attendance.

Year	No. ex- amined	No. treated	Extrac- tions	Anaesthetics		Fill- ings	Silver Nitrate
				Local	General		
1951	176	133	118	40	30	34	116
1952	176	146	195	26	63	8	130
1953	148	147	212	42	40	19	149

INFECTIOUS DISEASES

The following infectious diseases were notified during the year:

Smallpox	...	...	...	...	...	0
Typhoid Fever	...	...	...	...	...	0
Paratyphoid Fever	...	...	...	...	...	0
Scarlet Fever	...	...	...	...	...	193
Whooping Cough	...	...	...	...	...	686
Diphtheria	...	...	...	...	...	0
Erysipelas	...	...	...	...	...	14
Measles	...	...	...	...	...	3,705
Pneumonia	...	...	...	...	...	101
Puerperal Pyrexia	...	...	...	...	...	11
Dysentery	...	...	...	...	...	30
Cerebro-Spinal Fever	...	...	...	...	...	0
Poliomyelitis	...	...	...	...	...	17
Malaria	...	...	...	...	...	4
Food Poisoning	...	...	...	...	...	79
Meningococcal Infection	...	...	...	...	...	7
Encephalitis (post infectious)	...	...	...	...	...	0

Ophthalmia Neonatorum

No. cases notified	...	...	...	...	Nil
„ „ treated at home	...	...	...	...	Nil
„ „ treated in hospital	...	...	...	...	Nil
„ „ where vision impaired	...	...	...	...	Nil
„ „ deaths	...	...	...	...	Nil

It is common for epidemics of measles and whooping cough to run concurrently and this was the experience in 1953. 3705 cases of measles were notified and only one death was officially attributed to this disease, although it is realized that deaths as a result of measles are not due to this disease itself but to its complications. The effects of the campaign for whooping cough immunization will not become apparent for a few years since the campaign only started in May 1953. There

were 17 cases of infantile paralysis which were mainly distributed in the northern part of the County but without any concentration in any particular area. Four were notified as non-paralytic, but it is highly probable that when poliomyelitis is in the community there are many sub-clinical cases which defy detection. There were five deaths from poliomyelitis. Of the 11 notifications of puerperal pyrexia, only one of them occurred at home. Doubtless there were many more confinements which produced 'a temperature of 100.4°F. or more within fourteen days after childbirth or miscarriage'. Modern treatment has so lessened the danger from puerperal pyrexia that its notification in domiciliary confinements has lost much of its significance. All four cases of malaria were contracted overseas. The number of notifications of food poisoning has increased from 21 to 79. This does not necessarily mean there is more food poisoning in the community. In fact, the impression is that the incidence of food poisoning is decreasing but there is an increasing awareness of its existence.

Tuberculosis

The Chest Physician, Dr. N. J. England, analyses the trend of tuberculosis later in this report. The notifications, according to age are as follows.

NEW CASES (notifications)				
<i>Age in</i>	<i>Pulmonary</i>		<i>Non-Pulmonary</i>	
<i>years</i>	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>
0-1	0	0	1	0
1-2	0	0	1	0
2-5	0	0	1	2
5-10	0	2	2	0
10-15	3	5	1	2
15-20	4	8	2	3
20-25	12	8	0	1
25-35	10	13	0	6
35-45	13	8	1	4
45-55	11	8	3	3
55-65	6	1	0	1
65-75	7	3	0	0
75+	0	0	1	0
	—	—	—	—
	66	56	13	22
	—	—	—	—

DEATH RATE

There were 1680 deaths in the County compared with 1773 in 1952. This continues the steady, if unspectacular, decrease in the death rate as shown in the following table:

<i>Year</i>	<i>No. of deaths per thousand of the population</i>
1949	10.89
1950	10.78
1951	10.82
1952	9.57
1953	8.83

The advances in the treatment of tuberculosis are now producing striking statistical evidence. In 1953 there were 9 deaths from pulmonary tuberculosis and 2 deaths from tuberculosis of other types. Ten years previously, when the population was 31,670 less than in 1953, there were 45 deaths from pulmonary tuberculosis and 8 deaths from other forms of tuberculosis. As a matter of interest, in 1911 when accurate statistics first became available, there were 111 deaths from pulmonary tuberculosis and 25 deaths from non-pulmonary tuberculosis when the population was 52,557 less than now. The incidence of tuberculosis has not shown this marked decline. This may be due to increased efficiency in case finding, combined with the fact that tuberculosis is rapidly losing its mysterious terror among the public who now seek consultation instead of avoiding it. Contact tracing has been intensified and will be improved. Immunization against tuberculosis has been proved and its use will be extended. A detailed table of causes of death will be found at the end of this report.

Table showing the Chief Causes of Deaths in Oxfordshire for the Year 1953

<i>Disease</i>	<i>Total Number of deaths</i>
Heart Disease	476
Cerebral vascular disease	263
Cancer	248
Infectious diseases other than tuberculosis	234
Other circulatory diseases	72
Motor vehicle accidents	39
Uro-genital diseases	33
Gastro-intestinal diseases	22
Tuberculosis	11

HEALTH VISITING

The establishment of Health Visitor/School Nurses is 33 in addition to the Superintendent of Health Visitors. It was decided that instead of four Health Visitors in Banbury there should be three who would

possess their own cars and be paid travelling allowances as in all other areas of the County. Thus the entire Health Visiting staff are now car users. On December 31st there were no vacancies in the Health Visiting staff.

The value of the Health Visitor's work is becoming increasingly appreciated in wider circles. She is beginning to take her rightful place as the general practitioner of the social services. Whereas in the past she has concentrated her attention on the nursing mother and on young children, she is now having regard to the entire family. The number of visits to children under one year has declined because the standard of maternal care is rising. Selective, rather than routine, visiting to homes containing young children is now the practice. In particular, the Health Visitor is being encouraged to pay more attention to old persons who require help and guidance in learning to cope with the problems that are peculiar to their advancing years. This is reflected in the steadily increasing number of visits to old persons in their own homes which is recorded in the following table.

With her increasing responsibilities, the Health Visitor's efficiency can only be maintained if she is in close liaison with other agencies. In particular, the general practitioner can receive much help from the highly trained Health Visitor and it is encouraging to find that more doctors, and particularly the younger ones, are appreciative of the work done by the Health Visiting staff. Hospitals are making increasing use of Health Visitors to follow up cases who are discharged home and require some supervision. There was an increase of more than 28 per cent of such visits, compared with the previous year. Health Visitors also pay attention to households where there is infectious disease affecting young children. In 1953 there was a large increase in this type of visitation because of the incidence of measles and whooping cough.

Visits paid by Health Visitors

			1952	1953
Ante-natal	...	...	1,058	831
Under 1 year	...	...	27,325	24,354
1-5 years	...	...	33,227	34,434
Hospital After-care	...		601	882
Infectious Diseases	...		528	1,412
Tuberculosis	...	...	4,539	3,979
Old Persons	...	...	3,531	4,176
Home Helps	...	...	5,858	5,947
Miscellaneous	...	...	10,510	8,723

Training School for Health Visitors

The national shortage of Health Visitors has influenced the Government in setting up a Working Party to investigate their recruitment and training. This shortage is not apparent in Oxfordshire where there

is actually a waiting list of applicants to join the Health Visiting staff and where the Training School has more applicants than it can accommodate.

In the 1953/54 session, 28 students completed the course; 25 of them passed the Health Visitors Certificate Examination at the first attempt; the other three subsequently passed the examination.

HOME NURSING

The approved establishment authorizes the employment of 58 District Nurse/Midwives. At the end of the year there were 49 employed.

It is found difficult to recruit relief District Nurses since they would obviously prefer to have their own permanent areas. The County Council has shown sympathetic consideration towards the provision of suitable houses for nurses. In this they have received the co-operation of Rural District Councils who, as Housing Authorities, have given invaluable assistance.

There is direct liaison between nurses and general practitioners whose cases they attend. There is also direct contact between hospitals and home nurses. The nurses accept cases from hospitals, doctors and health visitors. In the course of visiting they frequently hear of additional persons in need of nursing care and attention and they are encouraged to investigate on their own initiative and help where possible. When in doubt, they refer to the Health Department.

In common with the Health Visitors, District Nurses are devoting more of their time to old persons. Of 6278 cases dealt with, 1407 were at least 65 years of age.

		1952	1953
Number of cases	...	4,139	6,278
Number of visits	...	83,113	95,319

An analysis of the work done in 1953 is as follows:

		<i>Cases</i>	<i>Visits</i>
Medical	... ..	3,330	54,791
Surgical	... ..	1,539	19,405
Infectious Diseases	...	85	379
Tuberculosis	... ..	211	5,155
Maternal Complications		109	967
Others	... ..	1,004	14,622
		————	————
		6,278	95,319
		————	————

Peppard Chest Hospital Home Care Scheme

The Physician Superintendent of Peppard Chest Hospital has kindly supplied the following report on the work of his Home Unit.

This pilot scheme, initiated in October 1950 by the Oxford Regional Hospital Board through the Reading and District Hospital Management Committee, was designed to test the possible advantages of domiciliary care based on a hospital.

Tuberculosis was recognized as a difficult condition to treat in such a way and, for that reason, it might serve for the demonstration of a principle applicable to a wide range of illness.

The experiment has continued as an exercise in co-operation between general practitioners, local health authorities and the hospital service.

Largest number under home care at one time	...	29
Number of days in hospital of 55 patients	... ..	3734
Number of days of home treatment of 55 patients	... ..	7276
Saving of hospital beds 7276/365	... ..	20
Expenditure on Home Care, total cost of 20 beds.		
Medical Staff salaries	... ..	£330
Nursing	... ..	860
Transport	... ..	465
Drugs and X-rays	... ..	820
Administrative charges	... ..	920
		£3395
Average weekly cost per bed at home	... ..	£3 5 4

Number of medical practitioners whose patients were treated 29.

After three years' experience of this small scheme it was apparent that adequate transport was an essential part of any such project and that expansion would be achieved only by making necessary vehicles available. A car was provided for the use of the nursing staff from September 1953.

In order to obtain the feeling of general practitioners to the trial a questionnaire was addressed to all those whose patients had been treated at home during 1952. Replies to the following three questions were generally favourable:

Are you satisfied that the patients had adequate care and supervision?

Were you sufficiently informed of the changing circumstances and progress of your patients?

Would you like the experiment to continue on similar lines?

There was less unanimity regarding a question as to the scope for a similar or modified scheme in association with general hospitals for the care of other illness, but with affirmative answers a number of positive suggestions were received which covered a very wide field of medical care.

HARLEY STEVENS, M.R.C.P., D.P.H.

Maternity and Nursing Homes

Public Health Act, 1936

The County Council has continued to supervise Maternity and Nursing Homes. There were 6 Homes on the Register at the end of the year of which 2 were Maternity Homes.

Year 1953

Number of applications for registration	Nil
Number of Homes registered	Nil
Number of Orders made refusing or cancelling registration	Nil
Number of appeals against such orders	Nil
Number of applications for exemption from registration	Nil
Number of cases in which exemption has been granted	Nil

No application has been made to the County Council by a County District Council for the delegation of powers.

VACCINATION AND IMMUNIZATION

Vaccination against smallpox and immunization against diphtheria is offered in child welfare clinics. Doctors are also encouraged to perform this privately and are paid fees for records which are sent to the County Medical Officer. Every effort is made to have this prophylaxis carried out during the first year of life and ‘booster’ injections of diphtheria prophylactic are given at school at the primary medical inspection. With Ministry approval, immunization against whooping cough was commenced on May 1st. Naturally, emphasis is placed on immunization in early infancy, but if parents should ask for it to be performed at any age in childhood it is never refused. The arrangements for this immunization are identical with those which have been so successful in diphtheria immunization and the public response has been most encouraging.

It is now accepted that a person who is incubating poliomyelitis and receives an immunization by injection has a slight risk of developing paralysis. Although poliomyelitis did not assume epidemic proportions, cases which occurred were so scattered that it was thought advisable, as a precautionary measure, to restrict immunization until the incidence of poliomyelitis had subsided.

There is still a prevailing complacency towards smallpox vaccination. Because this killing disease is no longer apparent in the country, parents are liable to regard it as extinct. This is a dangerous attitude because, with increasing foreign travel and the speed with which a person can journey from areas in which smallpox is endemic, there is a constant risk of an infected person arriving in this country before the symptoms of smallpox appear. The only safeguard is vaccination at an early age. This complacency is now spreading to diphtheria. A new generation of parents has arisen who have never seen the dread effects

of diphtheria in childhood. It is, therefore, difficult for them to appreciate the need to have their children immunized. It must be emphasized that the germs of diphtheria are still in our midst and they can only be held at bay by immunization in infancy.

Smallpox Vaccination

<i>Age in years</i>	1952	1953
0-1	1,233	1,281
1-5	110	113
5-15	54	118
15+	108	374

Diphtheria Immunization

<i>Age in years</i>	1952	1953
0-1	1,047	726
1-5	972	818
5-15	261	233

Whooping Cough Immunization

<i>Age in years</i>	1953
0-1	303
1-5	463
5-15	63

AMBULANCE SERVICE

There are sixteen general ambulances and one which is reserved for dealing with infectious diseases with two held in reserve. The Ambulance Controller acts in this capacity for both County and City Ambulance Services. The demands on the Ambulance Service continue to increase. The County Council drew the attention of the Oxford Regional Hospital Board to this state of affairs and the Board has set up a Working Party to investigate the circumstances thoroughly. At the time of writing they had not published their findings but it is known that they are treating the matter with appropriate gravity.

The W.V.S. provide the Hospital Car Service on a mileage and expenses basis. They are, however, finding it difficult to maintain an adequate number of volunteer drivers. The services of these volunteers are greatly appreciated because of their friendly and helpful attitude to their patients. When sufficient warning cannot be given of an impending journey to ensure that a volunteer driver can undertake it, a local car hire service is engaged.

A special stretcher for rail transport has been purchased for the use of County patients. Oxford City Council owns a similar appliance and, by mutual arrangement, both are available for the use of either Authority.

Sitting Case Cars

<i>Quarter</i>	<i>Mileage</i>	
	<i>Hospital Car Service</i>	<i>Hired Car Service</i>
January to March	96,839	4,917
April to June	96,357	5,692
July to September	100,057	5,648
October to December	106,132	5,584
Total	399,385	21,841

Ministry of Health Return (1st April, 1953 to 31st March, 1954)

	<i>Directly Provided Service</i>	<i>Agency Service</i>	<i>Supplementary Service</i>	<i>Transport by Rail</i>
	<i>Ambulances</i>	<i>Ambulances</i>	<i>Sitting Case Vehicles</i>	
No. of operation vehicles on establishment	1	16	—	—
No. of patients carried:				
(a) Section 27 Patients				
(i) Accident or emergency	6	2,032	—	—
(ii) Others	658	9,588	18,040	141
(iii) Total of (i) and (ii) ...	664	11,620	18,040	141
(b) Other persons	—	—	—	—
(c) Grand total	664	11,620	18,040	141
Total mileage	5,219	182,014	425,600	7,896
No. of operational staff:				
(a) Paid	1	20	—	—
(b) Voluntary	—	40	—	—
Population of service area ...	34,500	175,170	—	—
Acreage of service area ...	67,357	456,384	—	—
No. of ambulance stations ...	1	11	—	—

PREVENTION, CARE AND AFTER-CARE

If hospitals have patients who would benefit from after-care on discharge they send their requirements to the Health Department. Health Visitors visit patients in their homes and give such advice as they may require on general social problems. If nursing attention is required, District Nurses provide it.

The British Red Cross Society and the St. John Ambulance Brigade have medical loan depots in various parts of the County. During the year the British Red Cross Society increased the number of their depots from 8 to 25. Some articles are provided free of charge, while for others a small charge is made for their hire. In the event of anything being required which cannot be provided as above, provision is made directly through the Health Department, e.g. air beds and rings, mattresses, bed rests, rubber bed-pans, etc.

On the production of a medical certificate, financial responsibility is assumed for convalescent treatment in homes approved by the County Medical Officer. This is a service which is gradually increasing; during 1953 financial responsibility was accepted for 48 persons to go for convalescence.

Tuberculosis

Particular attention is paid to the prevention, care and after-care of tuberculosis. All health visitors undertake tuberculosis visiting. The Relief Health Visitor attends all sessions of chest clinics in the County. She is thus a valuable link between the preventive and curative services.

The Care Committee of the Oxfordshire Association for the Prevention of Tuberculosis (as previously mentioned) act as the subsidized agents of the County Council. They are advised by the Chest Physician and the Almoner to the Chest Clinic and work in close and amicable relations with the Health Department. Among the functions are those:

- (a) which are the subject of a partial or total refund by the County Council, viz. nursing aids and requisites, beds and bedding, milk, etc.
- (b) which are entirely a charge on voluntary funds, such as resettlement, personal and family expenses, clothing and payment of fares for relatives to visit patients, etc.

Oxfordshire Association for the Prevention of Tuberculosis

Work of the Care Committee

The Committee has the honour to present its 43rd Annual Report for the year ending March 31st, 1954.

With the inception of the National Health Act the Care Committee agreed to accept the delegated powers of the Oxfordshire County

Council for the implementation of Section 28 of the Act dealing with prevention of illness, care and after-care in so far as tuberculosis was concerned. The Committee thus continues to function as before, but the cost of certain services are subject to repayment by the Oxfordshire County Council.

There has again been an appreciable increase in the number of applications for assistance, and it is still apparent that some of the requests are the result of long periods of illness when State assistance has failed to embrace all the family commitments. The members and officers of the Committee know from the reports presented by the almoners and health visitors, of the desperate straits of some cases. Very often a small grant can relieve anxiety and family worry, thus providing the contented background necessary for treatment.

There are many charitable organizations who are willing and able to assist persons suffering from tuberculosis. However, apart from the Tuberculosis Care Committee, all are restricted to helping particular classes of persons—ex-service organizations, work peoples charities, etc. The Tuberculosis Care Committee frequently has occasion to co-operate with these other charities in providing assistance, but it must be recorded that the majority of persons receiving assistance are those ineligible for help by other charitable groups.

The advent of state welfare services was often used as an excuse to prophesy the dissolution of voluntary organizations. However the passage of the years has proved that the role of the voluntary Committee is more important than ever before in its history and it is suggested that every opportunity should be grasped to bring this fact before the community.

With this thought in mind, stress can be laid on the importance of increasing the amount of the funds available for voluntary work. These funds can only be provided by means of voluntary subscriptions, donations or Seal Sale collections and a plea is therefore made that members and friends of the Association should stimulate local interest, especially in collections for the Seal Sale and thus give active encouragement to any opportunities to augment the income of the Association.

Examples of Cases Assisted during the period

Fares of Relatives visiting patients

The relatives of 9 patients were assisted in the payment of fares to visit them in hospital.

Rehabilitation and Resettlement

Four men received grants in connection with the following—wood and advertising for a toymaking business; occupational therapy materials; wireless equipment; expenses incurred in a shorthand and typewriting course. One woman received a grant towards the purchase of embroidery materials and another towards the purchase of a loom.

Clothing

Three men, 3 women, 1 child and 5 families were given grants towards the purchase of clothes and footwear.

Bedding

Five men, 3 women and 6 families were helped with the purchase of bedding.

Grants to Patients at Christmas

Patients in Cold Arbour, Osler Pavilion, and Pines Hospital, Banbury, were given grants from the Patients' Christmas Fund. In addition, special grants were made to home-bound patients.

Special Objects

Seven people received assistance towards the purchase of fuel. In 4 instances financial assistance was given for travelling on holiday or to visit friends. Four persons were helped with the cost of gardening. Three households were helped with the payment of their rates and rent. Three persons received assistance towards electricity and gas bills. One person was helped to clear a grocery debt and one received assistance towards the purchase of special foods. One person was helped with expenses incurred in interior decorating and another received assistance in the repair of an immersion heater. One family were helped to clear debts incurred and one woman was given a grant towards the purchase of a special newspaper.

Arrangements were made for a professional pianist to give a recital at the Pines Hospital, Banbury, and a grant was made towards the expenses involved.

Tuberculosis Service

(Annual Report, 1953, of DR. N. J. ENGLAND, Chest Physician, United Oxford Hospitals, adviser on Care and After-Care to Council).

Pulmonary Tuberculosis

New Notifications

	1951		1952		1953	
	M.	F.	M.	F.	M.	F.
0-14	5	4	5	4	3	7
15-44	42	39	40	45	39	37
45-64	14	6	14	7	17	9
65+	7	3	1	4	7	3
	68	+52	60	+60	66	+56
	120		120		122	

Population—189,000.

The notifications of new cases of pulmonary tuberculosis in 1953 show precisely the same trend as in the immediate post-war years, namely, the emphasis on tuberculosis in the young adult. There has been no slackening in the numbers of new cases notified. It has been suggested that the sustained level of new notifications in Oxon is due to improved case-finding methods and that in consequence a number of early cases of disease that might otherwise have escaped notification are included in the total. Such an impression would be most misleading. No person is 'notified' unless active disease is manifest. It is true that there has been an improvement in case-finding methods but the cases of disease disclosed have not necessarily been 'early'. The ratios of early to advanced disease 1937-8, Oxon, was 46:54, in 1947-8 it was 35:65 and the subsequent years have not demonstrated any material change to suggest that the disease is any less severe. There seems to be no lessening in the number of acute cases of disease that are seen in the young adults. Quite an appreciable number enter hospital with tuberculous pneumonia. Were it not for streptomycin, the outlook would indeed be very grave. Even with streptomycin the pattern of illness is prolonged and there is inevitable destruction of lung tissue with the ultimate necessity for surgical intervention. For Oxfordshire, the hope that this toll can be lessened lies in the projected intensive campaign for the vaccination of school leavers against tuberculosis. This campaign must not be launched in the belief that vaccination is an absolute safeguard against contracting pulmonary tuberculosis. There is no absolute safeguard. If a substantial number of young persons do receive vaccination then there should be a substantial reduction in the total of new cases, but, not for some three or four years.

Since 1942 a new population has sprung up in Oxon—the Arncott Depot. To this Depot have come European voluntary workers and Irish labourers bringing unknown hazards in respect of the development of tuberculous disease. Dr. H. Mackenzie-Wintle, Medical Officer of Health, South Oxfordshire Combined District, has analysed the incidence of tuberculous disease in the Arncott area and has concluded that though the incidence of tuberculosis has increased it does not relatively outstrip the increase in population. This is a reassuring finding in view of the raised incidence of disease noted in some E.V.W. camps.

Tuberculosis Visiting

Each week a case conference is held at the Churchill Hospital Chest Clinic at which the Liaison Health Visitor, Miss Sharpe and the Occupational Therapist, Miss Rostance, attend together with the Almoners and Medical Officers. This regular meeting has proved to be most valuable and is of great assistance in maintaining close association between the Local Health Authority and hospital interests.

B.C.G.

It was decided at the commencement of the B.C.G. Scheme that if protection by vaccination was to be provided for the majority of persons who requested it in this rural area, then the actual vaccination procedure must be made as simple as possible. It was, therefore, proposed to vaccinate on the basis of one tuberculin test only, the jelly-patch, except for new-born infants who would be vaccinated within fourteen days of birth without preliminary testing. Some 238 vaccinations were completed in 1953 without any untoward reaction. The jelly-patch test has now been superseded in favour of the Heaf test.

Care Committee

It is with pleasure that one records the valuable assistance and co-operation of the Care Committee. The voluntary representatives have given much time and thought to the various aspects of care work and have rendered valuable service to the community in general and to the sufferers from tuberculosis in particular.

Ascertainment

New cases of tuberculosis are always discussed at case conference and the views of the health visitor or other interested persons noted in respect to possible source of infection or risks to those who have been living or working in contact with the new patient. Unnotified deaths are reported in a similar way. An intensive drive for contacts has been assisted by the availability of miniature radiography at the Churchill Hospital and special attention has been directed to the follow-up of young adults. The health visitors try to see that all household contacts attend and special attention is directed towards the siblings of cases who are not living in the actual household.

Problems of tuberculin testing and radiography of groups such as school children and factory or village aggregations has received special attention. It has been decided to train all the Oxfordshire health visitors to be competent in performing and reading the Heaf tuberculin test. When any special group requires radiography, the miniature mass radiography unit is asked to assist. Although a number of tuberculin positive infants have been found at Infant Welfare examinations, the follow-up of immediate household contacts has so far not produced any obvious infecting source. Still, this method of ascertainment is a logical procedure and will continue to be used. Two large industries have X-ray apparatus suitable for chest X-rays and routine examination of staff is proceeding. It is the routine practice of the ante-natal clinics in Oxford to refer all expectant mothers to a miniature camera unit and many new cases have come to light in this way.

Employment

The Ministry of Labour continues to give valuable assistance in the placing of ex-patients and with reasonable success in the case of sputum

negative patients. The sputum positive is, of course, a real problem. The vast majority of sputum positives have active progressive disease and they are assisted to make life tolerable in their own homes by the service of the County Occupational Therapist. A very small number whose working capacity is better and whose sputum is only occasionally positive are assisted to obtain some form of out-door occupation. Every effort is made to make sure that the damage such an individual can do is as limited as possible. To ensure that no secondary case arose from such a person would mean complete isolation. This is, of course, quite impracticable. Attempts are, therefore, made to guide patients into some form of occupation where contacts with other persons are likely to take place out of doors and the risk of spread of infection minimized.

N. J. ENGLAND, M.D., D.P.H.

Care and After-Care

1953 has not presented any completely new problems to the Almoner's Department, but there has been an increasing urgency in many of the familiar financial crises that have arisen. The actual amount of the individual grants given has needed to be higher to cover costs that have steadily increased.

Quite a few families who have not previously requested help have, through the depletion of savings consequent upon so long an illness, needed Care Committee assistance. Patients newly diagnosed have found the sudden shrinkage of income from wages to allowances, often as much as fifty per cent, impossible to adjust to at short notice, particularly where hire purchase commitments incurred in days of relative prosperity cannot be truncated at a moment's notice.

Although the Care Committee has always shown great generosity and understanding in the help which it gives to patients, it is often with great reluctance that patients, who have always been independent, do put forward their needs, and the reaction to receiving help is often followed by the expressed hope that the patient will be able 'to do something to help the Committee with the next chap' later on.

The Department has maintained close contact with the Ministry of Labour in their work of finding suitable trainings and vacancies for patients at the end of the illness. Although light work is no longer easy to find, few patients have waited an unreasonable time for employment after returning fitness; and even one patient who had not worked for eight years through physical and temperamental difficulties has at last and most unexpectedly re-established himself as one of the world's workers. Quite a number of moves in to houses from hutments have been facilitated by the Care Committee help with such essentials as curtains and floor coverings. In all these cases prior discussion with the National Assistance Board has ensured help from their Department before the Committee has been approached.

The value of the fares given to enable patients' relatives to visit regularly cannot be overestimated; the importance of close links with

home, both for the patient and for his or her family, is too obvious to need emphasis, it is a form of help for which patients are singularly grateful. This year a car to take wives of patients to Peppard regularly has been financed and proved its value.

Of those who pass through the Almoner's Department of the Chest Clinic in a year there are many whose problems are not primarily economic, but the fact that, where financial stress is present the Almoners can turn to the Committee for help in lessening the strain, is of great value.

DOROTHY HICKS,
Almoner to the Chest Clinic.

Occupational Therapy

The Health Committee employs an Occupational Therapist whose work is primarily concerned with tuberculous persons. Her work is also closely linked with that of the Care Committee and she reports as follows for the year 1953:

The year has been, in the main, uneventful, and the treatment of the tuberculous patients referred from the Chest Clinic has continued. There have been several particularly striking instances recently where Occupational Therapy has helped to reconcile 'difficult' patients to their lengthy treatment. It has provided fresh interests and outlets for abilities hitherto unrecognized and to replace the activities which have had to be dropped, at least for the time being.

Few new crafts have been added to the twenty odd regularly in use, but notably, one patient has begun engraving on glass, and judging by his first attempts, should do well. Tablet-weaving and cord-knotting have been introduced remedially to encourage gripping and the use of the small muscles of the hand.

There has been a steady increase in the interest shown in Occupational Therapy for patients other than the tuberculous. Many inquiries have been received, and twenty patients referred from doctors in the out-patient departments of the hospitals as well as from the general practitioners. Thirteen of these patients are still on the waiting list (as well as over twenty referred from the Chest Clinic) and there is little chance of their receiving treatment. The conditions for which Occupational Therapy has been chiefly requested are disseminated sclerosis, rheumatoid arthritis, bronchitis, chronic heart conditions and cerebral palsy—diseases whose treatment is lengthy, disability considerable, and prognosis doubtful, if not poor. In one instance, a doctor has asked that a psychiatric out-patient should be visited.

There have been two competitions during the year; a flower show at the Pines Hospital was held most successfully last August for the Banbury and Chipping Norton Clinic patients including a wide variety of classes, and there has been a craft competition at the Osler for all Chest Clinic patients. There was a most encouraging response in each

case and a remarkably high standard in the work on show. It is hoped that both these events will become perennials. They give a remarkable ‘boost’ to morale, especially for the out-patients who work mainly in isolation. They are able to compare their work with that of others, and get new ideas of their own; sometimes they can pride themselves and sometimes they find that they could do better still. In any case, they begin again with fresh enthusiasm.

<i>Patients treated during Year</i>				
Tuberculous	...	...	...	140
Chronically Ill	...	...	...	18
				158
Total No. of visits paid	...	...	...	1,213
No. of patients on waiting list	...	...	...	29
B. H. ROSTANCE.				

Tuberculosis Skin Testing

Tuberculosis jelly-patch testing is carried out in certain of the child welfare clinics. The extension of this to all child welfare clinics is under consideration. Out of 189 children tested, only four had a positive reaction. In two of these instances, further investigation showed no evidence of tuberculosis but they are being kept under close observation. In another case it was found that the maternal grandfather was attending a chest clinic. In the fourth instance, the child and its mother were examined and showed no evidence of tuberculosis but the rest of the household contacts were unco-operative.

Almoner’s Report for the V.D. Department, Radcliffe Infirmary, 1953

The number of patients infected with venereal disease remains low. The figures for syphilis only total 21 for the year for both sexes, of which two only were recently acquired infections. The number of cases of gonorrhoea amongst the men patients is considerably lower than last year but about the average for the three previous years. The number of women patients infected with gonorrhoea (21) is, however, the highest for over 5 years. The reason for this is, I think, the same as suggested last year, namely the presence of troops in the area. Considerably more than half the women and girls infected were believed to have contracted their infection from members of the forces. The total number of new patients attending the clinics is almost the same as last year, and so are the total attendances.

There is nothing new to report about the work of the department this year. The Almoner has continued to supervise patients’ attendances, and to write to defaulters, and visit where necessary and advisable. She has also made every effort to persuade possible contacts to attend the clinic.

N. M. COGGIN,
Almoner to the V.D. Department.

RADCLIFFE INFIRMARY V.D. DEPARTMENT

Number of New Patients

	1953		1952		1951		1950		1949	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
<i>New Patients suffering from</i>										
Syphilis recently acquired	5	1	1	3	3	3	5	1	11	5
latent	6	7	13	15	12	7	20	17	15	17
congenital	1	1	1	3	—	4	4	—	—	1
Gonorrhoea	31	21	51	15	33	5	21	7	42	9
Other conditions non-venereal and undiagnosed	188	76	176	63	182	57	220	85	246	87
Total New Patients	231	106	242	99	230	76	270	110	314	119
Total attendances	1,161	934	1,198	946	1,410	1,031	1,746	1,267	2,714	1,852

DOMESTIC HELP

Owing to the scattered, rural nature of the County there is no full-time domestic help staff. The service is administered from the Health Department under the day-to-day control of the Superintendent Nursing Officer. Personnel are employed as required on an hourly basis and are 'found' by the local health visitors who are in the best position to know who are the most suitable persons for this work. It also affords the health visitor a further opportunity of knowing and understanding the home circumstances of the families in her area. It is occasionally difficult to find suitable home helps because we are in a competitive market for female domestic labour and the demand for home helps is increasing. There are no training facilities for home helps.

On December 31st, 1953, there were 220 cases receiving home help. The total number of cases provided with home help in 1953 was as follows:

Maternity	20
Tuberculous	27
Chronic sick, aged and infirm	283
Others	101

HEALTH EDUCATION

There is no programme of formal health education. The main point of contact is the health visitor in her home visiting and clinical duties.

During the vacation of the Health Visitors' Training School, the Tutor devotes the major part of her time to health education in outlying clinics. She has some mobile exhibits which illustrate her teaching of child health and training. The members of the Health Department staff are frequently invited to address meetings of organizations throughout the County. The opportunity is then taken to impart further knowledge on health matters.

MENTAL HEALTH

There is a special Sub-Committee of the Health Committee entirely devoted to the administration of the Mental Health Services. When medical certification is required, it is customary to ask the patient's family doctor to provide one of the statutory certificates. The other certificate is completed by one of the Health Department medical staff who endeavours, if possible, to perform one of the standardized mental tests. Altogether, 28 certificates were supplied by the Health Department staff during 1953.

There is one female Mental Welfare Officer and one male Mental Welfare Officer who is also Duly Authorized Officer. There are 4 part-time Duly Authorized Officers strategically placed to deal with emergencies. A senior male nurse in Littlemore Mental Hospital can act as a Duly Authorized Officer in cases of grave emergency.

There is close and friendly contact with the administrative and clinical officers of the Regional Hospital Board and individual hospitals.

The Mental Welfare Officers supervise patients who are on licence from institutions or on trial from mental hospitals whenever requested by the superintendents. They also exercise supervision over discharged patients from mental hospitals at the request of psychiatrists.

New cases ascertained

During the year, 39 new cases were ascertained; 13 of them were children referred by the Local Education Authority as being ineducable or requiring care and supervision after leaving school. This brings the total of known mental defectives to 541, 22 more than the previous year.

	1952			1953		
	<i>M.</i>	<i>F.</i>		<i>M.</i>	<i>F.</i>	
Admitted to Certified Institutions	5	7		4	5	
Placed under Guardianship . .	1	0		0	0	
Statutory Supervision . .	4	3		3	2	
Voluntary Supervision . .	10	3		12	11	
Action unnecessary	0	0		0	2	
	—	—		—	—	
	20	13	Total	19	20	Total
	—	—	33	—	—	39

Mental Deficiency Hospitals

On December 31st, 1953, there were 211 persons detained under order in institutions and 5 maintained in approved homes, distributed as follows:

<i>Institution</i>	<i>Male</i>	<i>Female</i>	<i>Total</i>
Borocourt	27	25	52
Botley's Park Hospital, Chertsey	1	—	1
Brentry Colony	4	—	4
Bradwell Grove Hospital	4	—	4
Cotshill Hospital	25	34	59
Cumnor Rise	—	1	1
Easthampstead	1	—	1
Etloe House, Leyton	—	1	1
Hildenborough	1	—	1
Hortham Colony	1	2	3
Manor House, Aylesbury	6	7	13
Moss Side	—	1	1
North View Hospital, Purton	—	1	1
Old House, Wheatley	3	—	3
Pewsey Hospital	13	15	28
Rampton	4	2	6
Rock Hall House, Bath	—	1	1
Sandlebridge Homes	—	1	1
Stallington Hall	2	—	2

<i>Institution</i>					<i>Male</i>	<i>Female</i>	<i>Total</i>
Stoke Park Colony	...	...	...	...	1	3	4
St. Francis School, Buntingford	...	...	...	...	7	—	7
St. Joseph's Home, Sheffield	...	...	...	...	—	1	1
St. Mary's Home, Alton	...	...	...	...	—	2	2
St. Raphael's, Barvin Park	...	...	...	...	2	—	2
Wayland House, Bradfield	...	...	...	...	—	9	9
Winslow Hospital	...	...	...	...	1	2	3
					103	108	211

Approved Homes

St. Agnes Home, Caversham	...	...	...	...	2	—	2
Mount Tabor Approved Home	...	...	...	...	—	2	2
Purley Park Approved Home	...	...	...	...	1	—	1

Patients on licence from Institutions, December 31st, 1953

<i>Institution</i>						<i>Male</i>	<i>Female</i>
Borocourt	...	...	...	...	...	11	16
Leybourne Grange	...	...	...	...	...	1	—
St. Mary's, Alton	...	...	...	...	...	—	2
Cumnor Rise	...	...	...	...	...	—	1
						12	19
						—	—

During the year 20 cases were admitted to institutions. Of that total, 4 cases originated in another Local Health Authority's area but were being admitted to institutions within this County. By friendly agreement, this is a reciprocal action since other Authorities co-operate in presenting Petitions when Oxfordshire cases are being admitted to institutions in their areas. In 11 cases, the parents or relatives sought institutional treatment. One woman was transferred by Order of the Secretary of State from a London Hospital to Pewsey Hospital. In three instances, the Courts committed persons direct to mental deficiency institutions. Only one Place of Safety Order was used and the patient was subsequently detained on the presentation of a Petition.

At the end of the year there were 46 cases awaiting admission to institutions. The long delay in effecting admissions due to shortage of hospital accommodation and staff is a national problem. In this area, it is not unusual for a mental defective to be on the waiting list for three years.

A great boon to parents and relatives of patients who are awaiting permanent institutional care has been the introduction of Circular 5/52. This enables the Hospital Authorities to offer short-term care for a period of up to eight weeks without certification, so that relatives may have some relief from the constant strain of caring for difficult defectives. During the year, 11 cases were temporarily admitted in this way.

The Mental Welfare Officers paid 187 visits in relation to certifications and admissions to institutions and 129 visits in connection with patients who are on licence from institutions.

Guardianship

There were no new cases placed under guardianship. One old case was placed under guardianship and there were 5 Varying Orders; 3 were transfers from institution to guardianship; 2 were in respect of change of guardian. The total number of persons under guardianship is 34. Fifteen are under the guardianship of their parents or relatives, 3 are under the guardianship of persons employed by the County Council for the purpose, 11 are under the care of the Brighton Guardianship Society and 5 are under the guardianship of other persons and employers.

The Mental Welfare Officers paid 150 visits in connection with guardianship cases.

Statutory Supervision

Five of the new cases were placed under Statutory Supervision, making a total of 73 in that category.

The Mental Welfare Officers paid 331 visits during the year.

Voluntary Supervision

Twenty-three new cases were placed under Voluntary Supervision bringing the total of such cases to 179. This supervision entailed 373 visits.

Occupation Centres

The County Council maintains eight children in the City of Oxford Occupation Centre. In the Reading Occupation Centre one boy is maintained. The County Council maintains 11 mental defectives who are being cared for by the Brighton Guardianship Society; 5 of them attend the local Occupation Centre.

Home Teaching of Mental Defectives

Between 24 and 27 children were having regular weekly tuition for the first eight months of 1953, but after September 1st when the second Home Teacher joined the staff, a total of 45 children were being taught in the County. The numbers were gradually equalized between the teachers.

The pupils who had been started in 1950 mostly continued steadily, whereas the 18 new children were started upon sense training, colour recognition, differentiating between shapes, physical training and simple forms of handwork and general knowledge.

Several pupils with two years' teaching behind them graduated to such subjects as essay and letter-writing, simple geography and money sums. The girls also attempted embroidery and knitting. All the twenty-five original children have learnt to read a little, and to write the alphabet and to do some simple sewing and handwork, though many of them are still at a very elementary level.

The gramophone has continued to be very useful and is shared between the teachers. Very good co-operation has been enjoyed from all the parents.

J. RANDALL
M. V. JAMES

Lunacy and Mental Treatment Acts

Ninety-two cases of lunacy were admitted to mental hospitals. Of this total 19 males and 24 females were admitted as certified patients and 6 males and 5 females were certified subsequent to admission. Thirty-three of them were admitted by the Mental Welfare Officer, 51 by the part-time Duly Authorized Officers and 8 by the Police.

Sixty-one males and 84 females were admitted as voluntary patients. Of these, 12 males and 15 females had been originally admitted under the Lunacy Acts and were subsequently dealt with as voluntary patients. One female was dealt with as a temporary patient.

In addition, the Mental Welfare Officer paid visits to 80 patients who required guidance and help but who did not require to be dealt with statutorily.

FOOD AND DRUGS ACT, 1938
FOOD AND DRUGS (MILK DAIRIES AND ARTIFICIAL CREAM) ACT, 1950
PUBLIC HEALTH (CONDENSED MILK) REGULATIONS
PUBLIC HEALTH (DRIED MILK) REGULATIONS
PUBLIC HEALTH (PRESERVATIVES ETC. IN FOOD) REGULATIONS

(Extract from Report of Inspector under Food and Drugs Act, etc.)

Four hundred and seventy-nine samples of various foodstuffs were procured, of which 429 were submitted to the Public Analyst under the above-mentioned Acts and Regulations. Fifty informal samples of milk and spirits were tested at this office. The articles sampled were:

<i>Article</i>				<i>No. of Samples Procured</i>	<i>No. of Samples sent to Analyst</i>	<i>No. of Samples Unsatis- factory</i>
Angelica	...	...	...	1	1	
Almonds, ground	...	...	...	1	1	
Apricots	...	...	...	1	1	
Baking powder	...	...	...	2	2	
Beef suet	...	...	...	7	7	
Bread	...	...	...	6	6	1
Butter	...	...	...	5	5	
Butter (peanut)	...	...	...	1	1	
Cereals	...	...	...	4	4	

<i>Article</i>	<i>No. of Samples Procured</i>	<i>No. of Samples sent to Analyst</i>	<i>No. of Samples Unsatis- factory</i>
Cheese and cheese spread ...	4	4	
Chicken slices	1	1	
Christmas pudding	1	1	
Chutney and pickles	2	2	
Cocoa and chocolate beverages	3	3	
Coconut, desiccated	3	3	
Cod roes and haddock ...	2	2	
Coffee	1	1	
Cooked cockles	1	1	
Cooked meats	9	9	
Cooking fat	6	6	
Cordials, etc.	7	7	
Cream	7	7	
Custard powder	1	1	
Dried egg	1	1	
Dripping	1	1	1
Figs	2	2	
Fish cakes	1	1	
Flour, Cornflour	5	5	
Gelatine	1	1	
Glacé cherries	3	3	
Ginger snaps	1	1	
Honey	3	3	
Ice cream	2	2	
Iced Lollies	5	5	
Jam, Marmalade & Mincement	4	4	
Lemonade powder	1	1	
Jaffa oranges	1	1	
Lemons	1	1	
Malt vinegar	2	2	
Margarine	1	1	
Mayonnaise	2	2	
Milks	224	211	46
Milk, condensed, dried, eva- porated and sterilized ...	11	11	3
Mixed peel	4	4	
Oatmeal	2	2	
Olive oil	1	1	
Pastes and spreads	7	7	
Pepper and pepper compound	2	2	
Pep sweets	1	1	1
Pickled onions	1	1	

<i>Article</i>	<i>No. of Samples Procured</i>	<i>No. of Samples sent to Analyst</i>	<i>No. of Samples Unsatis- factory</i>
Pie filling	1	1	
Potted crab	1	1	
Puddings, fruit and meat ...	4	4	
Saccharin tablets	1	1	
Sago	1	1	
Sausage (salami and black pudding)	10	10	
Soups, stews and broths ...	10	10	
Stewed steak and steak pudding	3	3	
Sugar	1	1	
Sugar, Demerara	4	4	
Sugar, icing	1	1	
Sultanas	1	1	
Sweetmeats	9	9	
Tea	4	4	
Veal, jellied	1	1	
Youghourt	1	1	
<i>Drugs</i>			
Bicarbonate of soda	2	2	
Borax	1	1	
Bronchial pastilles	2	2	
Disprin	1	1	
Glauber salts	1	1	
Glycerin, lemon and Ipecac ...	1	1	
Gripe water	1	1	
Lemon, Glycerin and honey ...	1	1	
Milk of Magnesia	3	3	
Peppermint tablets	1	1	
Syrup of Figs	1	1	
Voice tablets	1	1	
Yeast tablets	1	1	
<i>Spirits</i>			
Advocaat	1	1	
Brandy	2	1	
Gin	11	—	
Rum	1	—	
Whisky	27	3	
<i>Pharmacy and Medicines</i>			
Baby Cooling Powder	1	1	
	—	—	—
	479	429	52
	—	—	—

This list includes three samples of dried milk submitted on behalf of the School Canteens Organizer.

Fourteen of the unsatisfactory samples of milk were deficient in fat and twenty-nine were certified to be deficient in solids — not fat, but the presence of added water was not confirmed. Three samples were found to contain added water.

Pharmacy and Poisons Act, 1933

Three hundred and twenty-eight retailers are now on the Council's list of sellers of Part II Poisons.

Seventeen new applications were received and approved.

Three hundred and forty-two visits were made to the premises of 'listed sellers' and 297 visits were made to 'unlisted' premises. Two samples were submitted to the Analyst under this Act; no infringements were disclosed.

MEDICAL EXAMINATIONS

Four young adults were examined for the purposes of the Factory Act. Seventy-four other medical examinations were carried out for the purpose of superannuation or as required by the Ministry of Education prior to teachers commencing employment.

BLINDNESS, EPILEPSY AND CEREBRAL PALSY

As the Welfare Department is completely independent of the Health Department (although there is a friendly liaison and co-operation between the Departments), I am indebted to Mr. R. T. Barre, Chief Welfare Officer, for the following information.

Blindness

During the year 58 forms B.D.8 were received; 44 persons were admitted to the Blind Register and 14 to the Register of Partially Sighted Persons. Two were removed from the Register of Blind Persons due to improved vision following successful cataract operations. This brings the total of blind persons known to the County Council to 361 and the total of partially sighted to 100.

There are three full-time Home Teachers for the blind and six blind persons are home workers.

One case of blindness, due to retrolental fibrop'asia, was reported. This occurred in a premature child who was under the observation of the Oxford Eye Hospital. All except two persons recommended for treatment were dealt with as recommended. In addition, two persons who were not originally recommended for treatment did, in fact, receive some attention.

	<i>Cause of Disability</i>			
	<i>Cataract</i>	<i>Glaucoma</i>	<i>Retrolental Fibroplasia</i>	<i>Others</i>
(i) No. of cases registered during the year in respect of which para. 7(c) of Form B.D.8 recommends:				
(a) No Treatment	12	1	1	20
(b) Treatment (Medical, Surgical or Optical)	11	5	—	8
(ii) No. of cases at (i) (b) above which on follow-up action have received Treatment	9	5	—	10

B. Ophthalmia neonatorum

(i) Total Number of cases notified during the year	Nil
(ii) Number of cases in which: (a) Vision lost (b) Vision impaired (c) Treatment continuing at end of year	Nil

Epilepsy

There are 12 boys and 4 girls of school age who suffer from epilepsy. Responsibility for their care is accepted by the Education Authority. When child epileptics reach school-leaving age they are automatically transferred to the care of the Welfare Committee. There is no register of adult epileptics but all cases brought to the notice of the Welfare Department are investigated to ascertain what assistance can be provided. There are 11 adults maintained in Epileptic Colonies, the majority having been there for a number of years.

Cerebral Palsy

There are 21 children of school age suffering from cerebral palsy. The Education Committee is responsible for them. Recently an active and progressive branch of the National Spastics Society has been making strenuous efforts to improve facilities for those handicapped pupils. Their aims are eminently practical but have not yet been fully realized. The resources of the Welfare Committee are at the disposal of adult spastics but no request for help has yet been received.

ANNUAL REPORT OF COUNTY HOUSING OFFICER

During the period under review, 375 visits were made in connection with the following:

Consultations with County District Councils' Clerks, Medical Officers, Surveyors, Sanitary Officers, Consulting Engineers and others	...	...	...	...	...	...	...	89
Consultations at Ministry of Health, London or Reading re housing, water supplies, sewerage	...	...	...	...	...	...	...	1
Consultations—County Fire H.Q. re water supplies	...	...	...	...	...	...	...	7
Attendance at Ministry Public or Informal Inquiries	...	...	...	...	...	...	...	7
Visits to schools or other institutions re water supplies, sewerage	...	...	...	...	...	...	...	20
Miscellaneous visits	...	...	...	...	...	...	...	2
No. of Pasteurizing Establishments	...	...	...	...	...	...	...	10
„ H.T.S.T. plants installed	...	...	...	...	...	...	...	4
„ batch or holder type plants installed	...	...	...	...	...	...	...	15
„ inspections, including pre-licence visits to such establishments	...	...	...	...	...	...	...	185
„ pasteurized milk samples obtained including pre-licence samples	...	...	...	...	...	...	...	222
„ samples of school milks obtained, pasteurized milk	...	...	...	...	...	...	...	2
„ samples of school milks obtained, T.T. milk	...	...	...	...	...	...	...	3
„ samples of school milk obtained for biological examination...	...	...	...	...	...	...	...	3
„ samples of retail milk obtained for biological examination	...	...	...	...	...	...	...	1
„ samples of institution milks obtained	...	...	...	...	...	...	...	3
„ milk bottles submitted for bacteriological examination...	...	...	...	...	...	...	...	8
„ visits to farms re milk pathological conditions	...	...	...	...	...	...	...	1
„ village surveys in connection with sewerage schemes	...	...	...	...	...	...	...	19
„ „ „ „ water supply schemes	...	...	...	...	...	...	...	17
„ „ „ „ rural housing	...	...	...	...	...	...	...	3
„ water samples obtained for chemical analysis	...	...	...	...	...	...	...	1
„ „ „ „ bacteriological examination	...	...	...	...	...	...	...	20
Inspection of Water and Sewage disposal works, including new works in progress	...	...	...	...	...	...	...	3
No. of visits to schools in connection with milk	...	...	...	...	...	...	...	3
Specified area visits in connection with sale of milk	...	...	...	...	...	...	...	1

Public Health Act, 1936, Section 307

Rural Water Supplies and Sewerage Act, 1944

Table I summarizes schemes submitted under the above Acts. Having regard to the fact that since 1944 only a comparatively small amount of such works has been allowed by the appropriate Ministry to proceed, the estimated cost of £4,294,236 for such schemes would today be higher.

Contributions promised by the County Council to County District Councils towards new schemes amount by way of capital sums to £136,472 and £12,551 in annual contributions up to 30 year periods. Of these sums £97,972 has been paid in capital grants and £3,925 by way of annual contributions. In addition to the above payments, the County Council has contributed under the Public Health Act, 1936, £17,952 towards new water and sewerage schemes completed prior to 1944.

Milk

During the year, two new pasteurizing establishments were licensed by the County Council, making a total of ten such dairies within the County. Of this number, four are centred at Banbury, whilst Burford, Ewelme, Kidlington, Littlemore, Tokers Green and Watlington each have one. Pasteurization is maintained in the ten establishments by four H.T.S.T. plants and fifteen Holder or Batch pasteurizing units; some 9000 gallons of milk being heat treated daily.

Sample Summary

Total Number of pasteurized milk samples taken 222

	Phosphatase			Methylene Blue		
	Pass	Fail	Void *	Pass	Fail	Void †
Total 222	213	4	5	162	—	60

Notes: *Laboratory test found void.
†Legally void by reason of the atmospheric shade temperature at which the samples have to be kept exceeding 65°F.
Phosphatase Test indicates satisfactory heat treatment.
Methylene blue test, a test for cleanliness and keeping quality.

Of the four phosphatase failures detected, two were due to insufficient heating of the milk, one to a defective thermometer, whilst with the remaining failure no direct cause could be ascertained.

In December, by Ministry Order, the Borough of Henley became the first ‘Specified’ area within the County, namely, one in which only designated milk may be retailed within the prescribed manner. Nine dairymen were affected by the Order and in all cases other than one in which the Health Committee had to take action, compliance with the new regulation was automatically undertaken.

Housing

Rural Housing Survey

Arising from recommendations contained in the Hobhouse Third Report on Rural Housing, rural district councils were requested to carry out a survey of existing housing conditions in their areas with the object primarily, of planning post-war building programmes.

In Oxfordshire the survey commenced in 1945, and remained incomplete in two of the six rural areas until 1953. The housing classifications, as revealed by the survey, appear in Table II, along with year of completion. Since that date, in some areas, the classifications—particularly under unfit houses—have altered and are not considered representative of today; current gradings are, unfortunately, not available in the rural districts concerned.

Provision of New Housing (Rural Districts)

The following table shows under (A) number of Council houses completed, and under (B) privately built houses, for the years 1946-53. Table III gives the year’s housing data in more detail.

	1946	1947	1948	1949	1950	1951	1952	1953	<i>Total</i>
A	42	193	582	489	343	510	431	577	3,167
B	89	111	109	108	82	68	112	356	1,035
Total all housing									4,202

Applications for Council Houses

1951	1952	1953
4,507	4,079	4,034

Temporary Housing

The following table shows further decrease in the occupation of ex-military hutments. The combined figure of 755 such places of habitation may be considered as an unsatisfactory index of the housing situation.

	1947	1948	1949	1950	1951	1952	1953
Converted hutments	342	456	608	749	737	726	665
Not converted	181	192	196	155	121	81	90
Total	523	648	804	904	858	807	755

Caravans used for housing—1,201

In view of the use of caravans for housing purposes, the number occupied is included in the above table, although in one area within the County some 500 caravans are used by families of U.S.A.F. personnel.

Financial Assistance towards Housing: Table IV

The year's applications for such assistance show a considerable increase over the previous year.

H. G. BARTRAM, M.INST.S.E.
County Housing Officer

TABLE I

Summary of schemes submitted under Public Health Act, 1936: Section 307
or
Rural Water Supplies and Sewerage Act, 1944

				<i>Piped Water Supply Schemes</i>	<i>Sewerage and Sewage Disposal Schemes</i>	<i>Total</i>
47	No. of schemes received	...	...	...	...	...
	„	carried over from 1952	...	...	...	...
	„	in hand 1953	...	...	...	...
	„	approved by County Council	...	...	...	...
	„	not	„	...	...	...
	„	carried over to 1954	...	...	...	...
Total no. of schemes, including individual and regional schemes						
	approved since 1944	...	...	...	...	...
	Estimated cost of above schemes	...	...	...	...	...
				52	51	103
				£2,491,597	£1,802,639	£4,294,236

TABLE II
RURAL HOUSING STATEMENT

<i>Rural Housing Survey</i>	<i>Banbury</i>		<i>Bulling- don</i>		<i>Chipping Norton</i>		<i>Henley</i>		<i>Ploughley</i>		<i>Witney</i>		<i>Totals</i>
		%		%		%		%		%		%	
No. of houses inspected up to £20 rateable value	3026		7694		3911		3472		4067		5518		27688
Classification of houses inspected:													
1. Houses satisfactory in all respects	609	20	3651	47	762	19	1398	40	1186	29	2064	37	9670
2. Houses with minor defects	668	22	1729	22	1467	37	1212	35	1315	32	891	16	7282
3. Houses requiring repair, structural alteration or improvement	922	30	1780	23	1282	32	810	24	1113	28	2263	41	8170
4. Houses unfit for habitation and beyond repair at reasonable cost	827	27	534	7	400	10	52	1.5	453	11	300	5.4	2566
Survey commenced 1945, completed	1951		1953		1947		1953 revised date		1949		1953		
<i>Existence of overcrowding:</i>													
No. of cases known	—		36		10		10		7		43		106
„ cases abated	—		4		5		7		6		17		39
„ cases outstanding	—		32		5		3		1		26		67
<i>Action by local authorities under Housing Act in respect of:</i>													
<i>Sec. 9 (Repair of insanitary houses)</i>													
No. of notices served	—		—		13		2		—		3		18
„ notices complied with	—		—		11		2		2		—		15
„ notices outstanding (including and prior to 1.1.53)	—		—		9		4		4		1		18

Rural Housing Survey (cont.)

		<i>Banbury</i>	<i>Bulling- don</i>	<i>Chipping Norton</i>	<i>Henley</i>	<i>Ploughley</i>	<i>Witney</i>	<i>Totals</i>
<i>Sec. 11 (Demolition of insanitary houses)</i>								
No. of Demolition Orders served	...	4	11	—	5	—	8	28
„ undertakings accepted to make fit	...	3	4	2	—	23	—	32
„ undertakings accepted not to use for human habitation	...	8	13	3	1	16	—	41
„ houses demolished	...	1	5	1	4	2	—	13
„ houses made fit	...	—	1	3	—	24	—	28
„ houses acquired by Local Authority	...	—	—	—	—	10	—	10
„ orders outstanding (including and prior to 1.1.53)	...	16	36	—	13	140	1	206
„ orders revoked, Housing Act 1949	...	—	3	—	2	19	—	24
„ undertakings outstanding (including and prior to 1.1.52)	...	—	37	15	2	57	1	112
<i>Sec. 12 (Closing Orders)</i>								
No. of closing orders made	...	—	—	—	—	20	—	20
„ closing orders terminated	...	—	—	—	—	6	—	6
„ closing orders outstanding (including and prior to 1.1.53)	...	—	1	9	—	14	—	24

TABLE III
PROVISION OF NEW HOUSING

<i>By Local Authorities:</i>		<i>Banbury</i>	<i>Bulling- don</i>	<i>Chipping Norton</i>	<i>Henley</i>	<i>Ploughley</i>	<i>Witney</i>	<i>Totals</i>
<i>Sites</i>								
Right of entry obtained, development or house erection not yet begun	...	56	76	20	6	—	140	298
Developed or under development, house erection not yet begun	...	—	66	—	6	30	31	133
<i>New dwellings</i>								
On tenders approved	...	374	902	524	425	842	841	3908
Under construction	...	90	174	85	31	91	125	596
Completed	...	278	728	410	361	745	645	3167
Completed 1953	...	88	98	59	62	139	131	577
<i>By Private Enterprise:</i>								
Total number of Licences & Approvals issued	...	124	333	133	388	374	180	1532
Under construction	...	17	59	14	79	129	34	332
Completed	...	88	222	115	248	245	117	1035
Completed 1953	...	28	66	29	72	142	19	356
Populations in 1000's		15	36.6	16	19.9	27.3	23.7	

NOTES.—Information supplied by Ministry of Health and Local Government. Figures given, other than under 'Completed 1953' relate from the 1st April, 1945, to the 31st December, 1953.
Houses shown as being under construction or completed are included in the number of houses on tenders approved, or on licences and approvals issued.

TABLE IV
FINANCIAL ASSISTANCE TOWARDS HOUSING
Year 1953

	Banbury	Bulling- don	Chipping Norton	Henley	Ploughley	Witney	Totals
<i>Number of dwellings towards which advances for purchase have been made—</i>							
(a) Small Dwellings Acquisition Acts 1889-1923	—	6	—	9	45	—	60
(b) Housing Act 1949, Section 4	2	1	4	8	—	6	21
Improvement Grants, Housing Act 1949, Sec. 20							
No. applications received	13	14	22	12	18	7	86
„ „ approved by Local Authority	13	7	22	11	12	7	72
„ „ withdrawn or rejected ...	—	5	9	—	3	—	17
„ „ under consideration by							
Local Authority ...	—	2	—	1	3	—	6
forwarded to Ministry ...	13	7	13	11	12	7	63
outstanding at Ministry, 1952	—	—	—	—	—	—	—
approved by Ministry ...	7	2	13	9	7	7	45
rejected by Ministry ...	3	3	—	—	2	—	8
under consideration by							
Ministry	3	2	—	2	3	—	10

Table showing vital statistics for 1953 of each Rural District in the County

		Nett Births			Nett Deaths			
	Population estimated to middle of 1953	Number	Rates		Under 1 Year of Age		At all ages	
					Number	Rate per 1,000 Nett Births	Number	Rates
			Crude	Corrected‡				
Banbury	...	232	15.5	17.4	7	30	151	10.1 8.5
Bullington	...	681	18.9	19.1	21	31	310	8.6 8.9
Chipping Norton	...	246	15.2	17.2	—	—	145	8.9 7.6
Henley	...	348	17.6	18.8	6	17	215	10.9 10.1
Ploughley	...	342	12.0	16.7	8	26	155	5.0 6.9
Witney	...	497	18.7	22.1	12	24	166	6.3 6.7

‡ A corrected rate having been adjusted for age and sex distribution.

Vital Statistics of whole County during 1953 and previous years

YEAR 1	Population estimated to middle of each year 2	BIRTHS		DEATHS		
		Number 3	Rate per 1,000 of population 4	Under 1 year of Age		At all Ages
				Number 5	Rate per 1,000 Nett Births 6	Number 7
1943	157,330	2,877	18.2	97	34	1,726
1944	153,130	3,064	20.0	115	37	1,779
1945	146,590	2,768	18.8	104	37	1,684
1946	146,390	3,060	20.9	85	27	1,753
1947	149,010	3,268	21.9	72	22	1,709
1948	160,250	3,029	18.9	66	21	1,632
1949	*163,500 †173,780	3,021	18.4 16.7	76	25	1,781
1950	172,060	2,914	16.93	63	21.6	1,889
1951	180,800	2,937	16.24	52	17.7	1,958
1952	185,200	3,049	16.46	81	26.5	1,773
1953	189,000	3,131	16.56	74	23.6	1,680
						Crude Corrected§ 10.9 10.04 11.6 10.15 11.4 9.46 11.9 8.8 11.4 8.71 10.2 8.8 10.9 8.71

* Civilian Population. † Resident Population. § A corrected rate having been adjusted for age and sex distribution.

Table showing vital statistics for 1953 of each Urban District in the County

		Population estimated to middle of 1953	Nett Births		Nett Deaths					
			Number	Rates	Under 1 Year of Age		At all Ages			
					Number	Rate per 1,000 Nett Births	Number	Rates		
								Crude	Corrected†	Crude	Corrected†
Banbury	...	19,000	294	15.5	16.0	8	27	205	10.8	10.9
Bicester	...	4,375	103	23.5	20.7	2	19	43	9.8	9.2
Chipping Norton	...	3,795	63	16.6	19.4	2	32	53	14.2	10.9
Henley	...	7,920	133	16.8	17.3	1	8	87	11.0	8.6
Thame	...	3,677	39	10.6	11.3	—	—	29	7.9	6.9
Witney	...	6,574	121	18.4	18.2	7	58	71	10.8	10.4
Woodstock	...	1,659	32	19.3	20.7	—	—	50	30.1	22.0

† A corrected rate having been adjusted for age and sex distribution.

GEO. BRYAN AND CO., BINSEY LANE, OXFORD.

CAUSE OF DEATH	URBAN DISTRICTS																		RURAL DISTRICTS																		GRAND TOTAL
	Under 1		1-5		5-15		15-25		25-45		45-65		65-75		75+		TOTAL		Under 1		1-5		5-15		15-25		25-45		45-65		65-75		75+		TOTAL		
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M & F		
Tuberculosis, respiratory ...	—	—	—	—	—	—	—	—	—	—	2	—	—	1	—	—	2	1	—	—	—	—	—	—	—	—	2	—	3	—	1	—	—	—	6	—	9
Tuberculosis, other ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	2	—	2	
Syphilitic disease ...	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	1	—	1	—	1	—	3	—	4	
Diphtheria ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Whooping cough ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	1	—	—	—	—	—	—	—	—	—	—	—	1	2	3	
Meningococcal infections ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	
Acute poliomyelitis ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	2	—	—	—	—	1	1	—	—	—	—	—	3	2	5	
Measles ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	
Other infective and parasitic diseases ...	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	—	1	2	1	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	4	
Malignant neoplasm, stomach...	—	—	—	—	—	—	—	—	—	—	2	1	1	1	2	1	5	3	—	—	—	—	—	—	—	—	2	—	6	—	5	6	2	2	15	8	31
Malignant neoplasm, lung bronchus ...	—	—	—	—	—	—	—	—	—	1	—	5	1	5	—	—	4	11	5	—	—	—	—	—	—	—	—	—	11	1	8	1	2	1	21	3	40
Malignant neoplasm, breast ...	—	—	—	—	—	—	—	—	—	—	—	1	—	3	—	2	—	6	—	—	—	—	—	—	—	—	—	3	—	5	—	7	—	3	—	18	24
Malignant neoplasm, uterus	—	—	—	—	—	—	—	—	—	—	—	2	—	1	—	—	—	3	—	—	—	—	—	—	—	—	—	—	—	1	—	2	—	1	—	4	7
Other malignant and lymphatic neoplasms ...	—	—	—	—	—	—	—	—	1	1	4	2	2	9	9	15	7	27	23	—	—	—	—	—	—	—	1	4	15	18	23	18	13	14	52	54	146
Leukaemia, aleukaemia ...	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	3	1	4	7
Diabetes ...	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	1	1	2	—	—	—	—	—	—	—	—	—	—	—	1	—	2	2	1	2	4	9
Vascular lesions of nervous system...	—	—	—	—	—	—	—	—	—	1	10	8	9	13	22	37	41	59	—	—	—	—	—	—	1	—	—	—	12	9	25	38	34	44	72	91	263
Coronary disease, angina ...	—	—	—	—	—	—	—	—	—	—	9	4	9	8	11	11	29	23	—	—	—	—	—	—	—	—	1	1	21	9	29	25	27	28	78	63	193
Hypertension with heart disease	—	—	—	—	—	—	—	—	—	—	1	—	2	1	4	5	7	6	—	—	—	—	—	—	—	—	—	—	4	2	6	4	2	3	12	9	34
Other heart disease ...	—	—	—	—	—	1	—	—	1	—	7	6	7	6	29	44	44	57	—	—	—	—	—	—	1	1	1	—	9	6	15	17	63	95	89	109	299
Other circulatory disease ...	—	—	—	—	—	—	—	—	—	—	2	1	3	2	10	8	15	11	—	—	—	—	—	—	—	—	1	—	5	6	1	5	11	17	18	28	72
Influenza ...	—	—	—	1	—	—	—	—	—	—	1	—	—	—	—	4	1	5	—	—	—	—	—	—	—	—	—	—	2	1	6	1	3	7	11	9	26
Pneumonia ...	1	—	—	—	—	—	—	—	—	1	2	—	4	3	2	16	9	20	6	2	—	—	—	—	—	—	1	3	1	—	4	6	9	19	21	30	80
Bronchitis ...	—	—	—	—	—	—	—	—	—	—	2	—	10	2	5	4	17	6	1	1	1	—	—	—	—	—	1	—	8	1	8	6	14	14	33	22	88
Other diseases of respiratory system...	—	—	—	—	1	—	—	—	1	—	1	2	1	—	2	1	6	3	—	—	—	—	—	—	—	—	—	—	3	1	6	—	2	1	11	2	22
Ulcer of stomach and duodenum	—	—	—	—	—	—	1	—	—	—	1	1	1	1	2	—	5	2	—	—	—	—	—	—	—	—	—	—	2	—	1	—	1	—	4	—	11
Gastritis, enteritis and diarrhoea	—	1	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	3	2	—	—	—	—	—	—	—	—	—	3	—	—	1	—	2	5	3	11
Nephritis and nephrosis ...	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	1	1	—	—	—	—	—	—	—	—	1	3	3	1	2	3	5	1	11	8	21
Hyperplasia of prostate ...	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	2	—	—	—	—	—	—	—	—	—	—	—	—	3	—	7	—	10	—	12
Pregnancy, childbirth, abortion	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	1
Congenital malformations ...	3	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	1	4	5	—	1	—	—	—	—	—	—	—	—	1	—	—	—	5	6	15
Other defined and ill-defined diseases ...	6	8	—	—	—	1	—	—	—	5	2	9	3	2	1	8	12	33	14	12	—	1	1	—	2	2	3	2	9	7	8	9	14	17	51	50	146
Motor vehicle accidents ...	—	—	—	—	—	—	1	—	—	—	2	—	—	1	1	—	4	1	—	—	—	2	—	1	10	1	10	1	5	—	3	1	—	—	28	6	39
All other accidents ...	—	—	—	—	—	—	—	—	—	—	1	2	—	1	1	5	2	8	2	1	1	1	—	1	3	—	6	—	4	—	3	2	4	5	23	10	43
Suicide ...	—	—	—	—	—	—	—	—	1	—	3	1	—	—	—	—	4	1	—	—	—	—	—	—	—	—	—	2	2	1	—	—	—	—	2	3	10
Homicide and operations of war	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
All causes ...	10	10	—	1	1	2	2	1	6	11	57	42	68	57	110	160	254	284	32	22	4	7	3	2	17	4	30	21	131	71	159	154	217	268	593	549	1680

